

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period Jan 1 to Jan 31, 2010.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 3-17-10
(date)

Debtor(s)*: Prevalence Health, LLC

By:** Chris Cooley

Position: Acting CFO

Name of preparer: Chris Cooley

Telephone No. of Preparer 601-981-0070 ext 233

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month	Month	Month	Month	Month	Month
CURRENT ASSETS:	12/31/09						
Cash,	1,676,083	1,685,525					
Accounts Receivable, Net. *	294,528	292,898					
Inventory, at lower of cost or market.	0	0					
Prepaid expenses & deposits.	75000	84930					
Other <u>Receivable from Sale of Assets</u>	19,656	19,656					
TOTAL CURRENT ASSETS.	2065267	2083009					
PROPERTY, PLANT & EQUIPMENT.							
Less accumulated depreciation.							
NET PROPERTY, PLANT & EQUIPMENT.	0	0					
OTHER ASSETS							
<u>Deposits</u>	56,726	55,733					
TOTAL OTHER ASSETS.	56,726	55,733					
TOTAL ASSETS.	2,121,993	2,138,742					

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

*Account contains approximately \$187,768 that related to funds received for payment of post-acquisition receivables into Prevalence's account that is owed to SafeMeds. The offset is in Accruals, which includes a liability to SafeMeds of the same amount.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

Filing Date	Month	Month	Month	Month	Month	Month
5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
ASSETS:						
CURRENT ASSETS:						
Cash..	570,988	606,550	513,396	406,712	417,638	611,481
Accounts Receivable, Net..	960,787	864,550	773,450	807,823	754,358	333,169
Inventory, at lower of cost or market..	365,452	372,870	402,765	400,476	0	0
Prepaid expenses & deposits..	118,110	151,593	170,837	139,406	122,958	82,094
Other <u>Receivable from Sale of Assets</u>					954,185	954,185
TOTAL CURRENT ASSETS.....	2019,337	2002,363	1,860,452	1,754,419	2,249,179	1,980,929
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097	2386,097	2386,096	0	0
Less accumulated depreciation..	2244,928	2244,928	2244,928	2244,928	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	133,004	124,593	116,352	0	0
OTHER ASSETS:						
<u>Deposits</u>	48,192	54,193	56,762	56,762	56,726	56,726
TOTAL OTHER ASSETS.....						
TOTAL ASSETS.....	2129,298	2185,600	2,041,771	1,927,497	2,305,905	2,037,658

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

* Adjustments from May 31 to June 9 are not available.

** Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.

(A) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

CASE NAME: Prevalence Health
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month				
		Month	Month	Month	Month	Month
POST-PETITION LIABILITIES:	12/31/09					
Taxes payable (Form 2-E, pg.1 of 3).....	0					
Accounts payable (Form 2-E, pg.1 of 3).....	92.77	92.140				
Other: <u>Misc Accruals</u>	206.887	231.038				
TOTAL POST-PETITION LIABILITIES:	299.662	329.178				
PRE-PETITION LIABILITIES:						
Notes payable - secured.....						
Priority debt.....						
Unsecured debt.....	5594513	5,595,647				
Other.....						
TOTAL LIABILITIES.....	5894,175	5,924,825				
EQUITY (DEFICIT)	5,994,125					
PREFERRED STOCK.....	(9635427)	5994125				
COMMON STOCK.....						
RETAINED EARNINGS:						
Through filing date.....	(9,635,427)	(9635427)				
Post filing date.....	(130,880)	144,181				
TOTAL EQUITY (NET WORTH).....	(3772182)	(3786083)				
TOTAL LIABILITIES & EQUITY.....	2,121,993	2138742				

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ec

COMPARATIVE BALANCE SHEET

Filing Date	Month	Month	Month	Month	Month	Month
5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
	94,609	90,953	108,112	132,641	109,293	93,036
	135,461	105,736	97,255	240,575	19,119	75,736
	230,070	196,689	205,367	373,216	128,412	168,772
5/31/09	5,732,291	5,730,550	5,657,443	5,612,235	5,589,453	5,591,420
5/31/09	5,927,361	5,927,239	5,863,010	5,985,451	5,717,865	5,766,192
5/31/09	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125
5/31/09	5,635,427	5,635,427	5,635,427	5,635,427	5,635,427	5,635,427
	5,244,166	5,244,166	5,244,166	5,244,166	5,244,166	5,244,166
5/31/09	5,772,802	5,772,802	5,772,802	5,772,802	5,772,802	5,772,802
5/31/09	2,189,560	2,041,771	1,927,497	2,305,905	2,307,655	2,041,469

* Adjustments from May 31 to June 9

are not available
 ** Includes amounts billed to Prevalence that are disputed
 *** Includes amounts owed to Safe Meds that were paid to Prevalence

CASE NAME: Prevalence Health
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month	Month
NET REVENUE.....	12/1/09 - 12/31/09					
	0	0				
COST OF GOODS SOLD:						
Material.....*	33760	0				
Labor - Direct.....						
Manufacturing Overhead.....						
TOTAL COST OF GOODS SOLD:	33760	0				
GROSS PROFIT:	63760	0				
OPERATING EXPENSES:						
Selling and Marketing.....						
General and Administrative (rents, utilities, salaries, etc.)... **	13,150	13,901				
Other.....						
TOTAL OPERATING EXPENSES.	13,150	13,901				
INTEREST EXPENSE.....	549	0				
INCOME BEFORE DEPRECIATION OR TAXES:	47,459	47,459				
DEPRECIATION OR AMORTIZATION.....	0	0				
EXTRAORDINARY EXPENSES *	0	0				
INCOME TAX EXPENSE (BENEFIT)	0	0				
NET INCOME (LOSS)	47,459	47,459				

*Requires explanation in NARRATIVE (Form 2-F)

* Cost of sales for SafeMeds' benefit - reimbursed by SafeMeds

** Includes COS expenses for SafeMeds - reimbursed by SafeMeds plus disputed billings by third parties.

FORM 2-C
4/08

CASE NAME: Prevalence Health LLC
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

Month *	Month	Month	Month	Month	Month
6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	10/1/09 - 10/31/09	11/1/09 - 11/30/09
1,234,205	1,136,933	1,051,684	886,153	49,570	0
1,028,341	948,373	880,562	816,815	31,379	1,225
1,028,341	948,373	880,562	816,815	31,379	1,225
205,864	188,560	171,122	69,338	18,191	1,225
328,598	291,324	211,439	205,451	46,513	45,536
	1,491	1,488	615	287	202
127,734	104,255	41,805	136,728	28,609	244,513
8765	8412	8240	7955	0	0
0			400,650	27945	
0					
131,499	112,667	150,045	255,967	66,647	144,513

FORM 2-C
1/08

*Requires explanation in NARRATIVE (Form 2-F)

* Adjustments from May 31 to June 9 are not available.

* Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.

(B) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

**

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period Jan 1 to Jan 31, 2010

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 1676083
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 509379
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$(499,937)
4. Net Cash Flow \$
5. Ending Cash Balance (to FORM 2-B) \$ 1685525

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. Trust Account <u>DTF</u>	\$ <u>78</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>750,043</u>	<u>Regions</u>
4. Payroll Account	\$	
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings)	\$ <u>935,404</u>	<u>Regions</u>
7. Cash Collateral Account	\$	
8. Petty Cash	\$	
TOTAL (must agree with line 5 above) <u>\$</u>		

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less inter-account transfers & UST fees paid \$ 499,937 *

* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

Prevalence Health, LLC
Reconciliation Detail - 1001 Regions
As of 1/31/2010

ID	Date	No.	Balance
Reconciled			
Cleared Deposits and Other Credits			
Deposit	1/4/2010		13,027.49
Deposit	1/4/2010		39.53
Deposit	1/5/2010		19,627.14
Deposit	1/5/2010		73.17
Deposit	1/5/2010		45,175.74
Deposit	1/5/2010		3,452.25
Deposit	1/6/2010		617.34
Deposit	1/6/2010		188.05
Deposit	1/7/2010		32,303.26
Deposit	1/7/2010		54.82
Deposit	1/7/2010		50.10
Deposit	1/7/2010		819.23
Deposit	1/8/2010		14,958.19
Deposit	1/8/2010		1,212.62
Journal	1/8/2010	922	7,448.86
Deposit	1/11/2010		74.40
Deposit	1/11/2010		7,982.40
Deposit	1/12/2010		66,420.04
Deposit	1/12/2010		266.46
Deposit	1/12/2010		993.25
Deposit	1/13/2010		654.40
Deposit	1/14/2010		3,511.86
Deposit	1/14/2010		24,855.16
Deposit	1/14/2010		6.81
Deposit	1/14/2010		584.06
Deposit	1/15/2010		112.00
Deposit	1/15/2010		14,995.57
Deposit	1/15/2010		36,202.49
Deposit	1/15/2010		530.09
Deposit	1/19/2010		11.76
Deposit	1/19/2010		12,526.90
Deposit	1/20/2010		60,820.36
Deposit	1/20/2010		287.00
Deposit	1/20/2010		600.00
Deposit	1/20/2010		180.30
Deposit	1/20/2010		289.55
Deposit	1/21/2010		806.61
Deposit	1/21/2010		0.75
Deposit	1/21/2010		15,649.22
Deposit	1/21/2010		4,399.94
Deposit	1/22/2010		15,147.13
Deposit	1/22/2010		72.80
Deposit	1/25/2010		75.00
Deposit	1/25/2010		10,888.61
Deposit	1/26/2010		4.80
Deposit	1/26/2010		66,438.58
Deposit	1/28/2010		2,774.84
Deposit	1/28/2010		113.70
Deposit	1/28/2010		7,680.25
Deposit	1/29/2010		12,472.83
Deposit	1/29/2010		542.47
Deposit	1/29/2010		7,934.09

ID	Date	No.	Balance
Total - Cleared Deposits and Other Credits			515,954.27
Cleared Checks and Payments			
Check	1/4/2010	WIRE 1/4/2010 1	(200.00)
Check	1/4/2010	Wire 1/4/2010	(40,615.95)
Check	1/5/2010	Wire 1/5/2010	(233.57)
Check	1/7/2010	Wire 1-7-2010	(50,934.28)
Check	1/8/2010	Wire 1/8/2010	(27,621.34)
Bill Payment	1/8/2010	61427	(7,448.86)
Bill Payment	1/8/2010	61428	(7,448.86)
Check	1/11/2010	Wire 1_11-2010 2	(218.05)
Check	1/11/2010	Wire 1_11-2010 1	(29,019.32)
Check	1/15/2010	Wire 1-15-10 1	(207,560.39)
Check	1/19/2010	Wire 1-19-2010	(200.00)
Check	1/20/2010	Wire 1-20-2010	(200.00)
Check	1/21/2010	Wire 1/21/2010	(1,000.00)
Check	1/22/2010	Wire 1/22/2010	(300.00)
Check	1/25/2010	Wire 1/25/2010	(30.00)
Check	1/25/2010	Wire 1_25_2010	(102,730.92)
Check	1/26/2010	Wire 1/26/2010	(25,210.67)
Check	1/29/2010	Wire 1/29/2010	(200.00)
Total - Cleared Checks and Payments			(501,172.21)
Total - Reconciled			14,782.06
Last Reconciled Statement Balance - 12/31/2009			744,888.16
Current Reconciled Balance			759,670.22
Reconcile Statement Balance - 1/31/2010			759,670.22
Difference			
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	11/23/2009	61423	(25.00)
Bill Payment	11/23/2009	61424	(1,579.44)
Bill Payment	1/27/2010	61429	(6,173.33)
Total - Checks and Payments			(11,152.44)
Total - Uncleared			(11,152.44)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 1/31/2010			750,095.42

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTH ENDED _____

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>499,937</u>			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ _____			
Total				
2nd Quarter	\$ _____	\$ _____		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

*Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTH ENDED _____

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u> *	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>470,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> (*)	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>448,995</u>			
November	\$ <u>472,141</u>			
December	\$ <u>606,081</u>			
Total				
4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>

* Actually Paid 6,500

* Actually paid \$8,775 to make up for overpayment in 2nd Qtr.

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Jan 1 to Jan 31, 2010

Account Name: Prevalence Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

See Attached

Total Cash Receipts \$ _____

Prevalence Health LLC

Cash Deposits

<u>Date</u>	<u>Description/ Source</u>	<u>Amount</u>
1/4/2010	Patient Co-Pay	39.53
1/4/2010	Insurance / Medicaid ■ Medicare	13,027.49
1/5/2010	Patient Co-Pay	73.17
1/5/2010	Insurance / Medicaid / Medicare	3,452.25
1/5/2010	Insurance / Medicaid / Medicare	19,627.14
1/5/2010	Insurance / Medicaid / Medicare	45,175.74
1/6/2010	Patient Co-Pay	188.05
1/6/2010	Insurance / Medicaid / Medicare	617.34
1/7/2010	Patient Co-Pay	50.10
1/7/2010	Insurance / Medicaid / Medicare	54.82
1/7/2010	Insurance / Medicaid ■ Medicare	819.23
1/7/2010	Insurance / Medicaid / Medicare	32,303.26
1/8/2010	Insurance / Medicaid / Medicare	1,212.62
1/8/2010	Insurance / Medicaid / Medicare	14,958.19
1/11/2010	Patient Co-Pay	74.40
1/11/2010	Insurance / Medicaid ■ Medicare	7,982.40
1/12/2010	Patient Co-Pay	266.46
1/12/2010	Miscellaneous	1,002.25
1/12/2010	Insurance / Medicaid ■ Medicare	62,882.12
1/12/2010	Insurance / Medicaid / Medicare	1,102.15
1/12/2010	Insurance / Medicaid / Medicare	2,435.77
1/13/2010	Patient Co-Pay	654.40
1/14/2010	Insurance / Medicaid / Medicare	6.81
1/14/2010	Patient Co-Pay	584.06
1/14/2010	Insurance / Medicaid / Medicare	3,511.86
1/14/2010	Insurance / Medicaid / Medicare	24,855.16
1/15/2010	Patient Co-Pay	112.00
1/15/2010	Patient Co-Pay	530.09
1/15/2010	Insurance / Medicaid / Medicare	14,995.57
1/15/2010	Insurance ■ Medicaid / Medicare	36,202.49
1/19/2010	Patient Co-Pay	11.76
1/19/2010	Insurance ■ Medicaid / Medicare	12,526.90
1/20/2010	Patient Co-Pay	180.30
1/20/2010	Patient Co-Pay	287.00
1/20/2010	Insurance / Medicaid / Medicare	289.55
1/20/2010	Patient Co-Pay	600.00
1/20/2010	Insurance / Medicaid / Medicare	48,750.32
1/20/2010	Insurance / Medicaid / Medicare	4,217.28
1/20/2010	Insurance / Medicaid / Medicare	7,852.76
1/21/2010	Insurance / Medicaid / Medicare	0.75
1/21/2010	Patient Co-Pay	806.61
1/21/2010	Insurance / Medicaid / Medicare	4,399.94
1/21/2010	Insurance / Medicaid / Medicare	15,649.22
1/22/2010	Patient Co-Pay	72.80
1/22/2010	Insurance / Medicaid / Medicare	15,147.13
1/25/2010	Patient Co-Pay	75.00
1/25/2010	Insurance ■ Medicaid / Medicare	10,888.61
1/26/2010	Insurance / Medicaid / Medicare	4.80
1/26/2010	Insurance / Medicaid / Medicare	61,593.01
1/26/2010	Insurance / Medicaid / Medicare	4,845.57

<u>Date</u>	<u>Description / Source</u>	<u>Amount</u>
1/28/2010	Insurance / Medicaid / Medicare	113.70
1/28/2010	Insurance / Medicaid / Medicare	2,774.84
1/28/2010	Insurance / Medicaid / Medicare	7,680.25
1/29/2010	Patient Co-Pay	542.47
1/29/2010	Insurance / Medicaid / Medicare	7,934.09
1/29/2010	Insurance / Medicaid / Medicare	165.37
1/29/2010	Insurance / Medicaid / Medicare	12,307.46
		<u>508,514.41</u>

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Jan 1 to Jan 31, 2010

Account Name: Prevalence Health Account Number: 9001277993

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

See Attached

Total Cash Disbursements \$ _____

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Prevalence Health, LLC

Cash Disbursements

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
1/8/2010	61428	PFS of the South, Inc.	Business Insurance (\$7,448.86)
1/27/2010	61429	PFS of the South, Inc.	Business Insurance (\$6,173.33)
1/4/2010	WIRE 1/4/2010 1	Pitney Bowes-INTERNAL USE ONLY	Postage - Reimb by SafeMeds (\$200.00)
1/4/2010	Wire 1/4/2010	SafeMeds Solutions	Reimb AR Collections (\$40,615.95)
1/5/2010	Wire 1/5/2010	Regions Bank	Bank Fees (\$233.57)
1/7/2010	Wire 1-7-2010	SafeMeds Solutions	Reimb AR Collections (\$50,934.28)
1/8/2010	Wire 1/8/2010	SafeMeds Solutions	Reimb AR Collections (\$27,621.34)
1/11/2010	Wire 1_11_2010 1	SafeMeds Solutions	Reimb AR Collections (\$29,019.32)
1/11/2010	Wire 1_11_2010 2	Regions Bank	Bank Fees (\$218.05)
1/15/2010	Wire 1-15-10 1	SafeMeds Solutions	Reimb AR Collections (\$207,560.39)
1/19/2010	Wire 1-19-2010	Pay Systems	W2 Fees for Prevalence (\$200.00)
1/20/2010	Wire 1-20-2010	Pitney Bowes-INTERNAL USE ONLY	Postage - Reimb by SafeMeds (\$200.00)
1/21/2010	Wire 1/21/2010	Pitney Bowes-INTERNAL USE ONLY	Postage - Reimb by SafeMeds (\$1,000.00)
1/22/2010	Wire 1/22/2010	Illinois Department of Revenue	Taxes (\$300.00)
1/25/2010	Wire 1-25-2010	SafeMeds Solutions	Reimb AR Collections (\$102,730.92)
1/25/2010	Wire 1/25/2010	Regions Bank	Bank Fees (\$30.00)
1/26/2010	Wire 1/26/2010	SafeMeds Solutions	Reimb AR Collections (\$25,210.67)
1/29/2010	Wire 1/29/2010	Pitney Bowes-INTERNAL USE ONLY	Postage - Reimb by SafeMeds (\$200.00)
			(\$499,896.68)

CASE NAME: Prevalence Health LLC

CASENUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Jan 1 to Jan 31, 2010

Account Name: Prevalence Health Account Number: 0121078971

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description(Source)</u>	<u>Amount</u>
1/29	Interest Revenue	865

Total Cash Receipts \$ 865

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT


(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Jan 1 to Jan 31, 2010

Account Name: Prevalence Health Account Number: 0121072971

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements \$ 

"Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC
09-02016-ee

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Jan 1 to Jan 31, 2010

Account Name: Prevalence Health Account Number: 0101894579
DIP

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

Total Cash Receipts \$ 0

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Jan 1 to Jan 31, 20 10

Account Name: Prevalence Health LLC Account Number: 0101894579
DEP

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description(Purpose)*	Amount
1/10 + 12/09	Draft	Regions Bank	Bank Fees	41.00

Total Cash Disbursements \$ 41.00

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Jan 1 to Jan 31, 2010

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

*See Attached **

* Reflects charges billed to Prevalence, including charges disputed by Prevalence

Prevalence Health LLC
Post Petition Accounts Payable
As of January 31,2010

Vendor	Date	Ref	Age	Open Balance	Aging
North Shore Gas	6/15/2009	5/13-6/12/09	230	\$2,789.23	120+
Hamilton Partners	6/20/2009		225	\$14,769.94	120+
Westwood Square, P/S/P	6/20/2009		225	\$250.00	120+
Avaya, Inc.	6/26/2009	2728939461	219	\$761.49	120+
Wells Fargo Financial Leasing	6/30/2009	6745121525	215	\$298.03	120+
Anda	7/1/2009	775310	214	(\$47.54)	120+
Anda	7/1/2009	774707	214	(\$48.43)	120+
Anda	7/2/2009	780875	213	(\$30.00)	120+
Hamilton Partners	7/2/2009	090702-10786	213	\$2,080.33	120+
Young Williams P.A.	7/7/2009	49592 Pre	208	\$1,011.50	120+
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	207	\$479.16	120+
Broward County Revenue Collector	7/14/2009	Local Business Tax	201	\$45.00	120+
North Shore Gas	7/16/2009	6/12-7/14/09	199	\$69.30	120+
Hamilton Partners	7/17/2009	090717-10786	198	\$633.01	120+
Toyota Financial Services	7/17/2009	4000250558	198	\$207.09	120+
Hamilton Partners	7/20/2009		195	\$14,769.94	120+
Westwood Square, P/S/P	7/20/2009		195	\$250.00	120+
Banc Of America Leasing	7/21/2009	011093620	194	\$326.50	120+
Avaya, Inc.	7/26/2009	2729047343	189	\$761.48	120+
North Shore Gas	7/30/2009	6/9-7/14/09	185	\$69.26	120+
Journal	7/31/2009	854	184	(\$7,782.84)	120+
Wells Fargo Financial Leasing	7/31/2009	6745159529	184	\$298.03	120+
Aetna Maintenance, Inc.	8/1/2009	82761	183	\$500.32	120+
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	178	\$1,135.03	120+
North Shore Gas	8/13/2009	7/14-8/12/09	171	\$140.69	120+
Hamilton Partners	8/20/2009		164	\$14,769.94	120+
Westwood Square, P/S/P	8/20/2009		164	\$250.00	120+
Banc Of America Leasing	8/21/2009	011138583	163	\$291.50	120+
Young Williams P.A.	8/24/2009	49592 Post - 1	160	\$74.75	120+
Avaya, Inc.	8/26/2009	2729164647	158	\$761.48	120+
Quill	8/28/2009	8951299	156	\$110.85	120+
Wells Fargo Financial Leasing	8/31/2009	6745198232	153	\$298.03	120+
Aetna Maintenance, Inc.	9/1/2009	92762	152	\$500.32	120+
CT Corporation	9/1/2009	2004471657-00	152	\$1,620.00	120+
Quill	9/3/2009	9080458	150	\$72.79	120+
ComEd- Commonwealth Edison	9/4/2009	8/6-9/4/09	149	\$1,608.16	120+
North Shore Gas	9/16/2009	8/12-9/14/09	137	\$70.44	120+
Banc Of America Leasing	9/20/2009		133	\$291.50	120+
Hamilton Partners	9/20/2009		133	\$14,769.94	120+
Westwood Square, P/S/P	9/20/2009		133	\$250.00	120+
Avaya, Inc.	9/26/2009	2729265177	127	\$761.48	120+
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	124	\$1,313.09	120+
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	124	\$134.50	120+
Wells Fargo Financial Leasing	9/30/2009	6745237646	123	\$298.03	120+
Aetna Maintenance, Inc.	10/1/2009	105711	122	\$500.32	120+
Avaya, Inc.	10/1/2009	2729282145	122	\$264.42	120+
				\$72,748.06	120+ Total
ComEd- Commonwealth Edison	10/6/2009	9/4-10/6/09	117	\$2,051.14	91-120
North Shore Gas	10/14/2009	9/14-10/14/09	109	\$287.75	91-120
Sun Microsystems Global Financial Services	10/15/2009	591219022 1911	108	(\$1,579.44)	91-120
Hamilton Partners	10/20/2009		103	\$14,769.94	91-120
Machost Road LLC	10/20/2009		103	\$1,600.00	91-120
Westwood Square, P/S/P	10/20/2009		103	\$250.00	91-120
Banc Of America Leasing	10/21/2009	11226721	102	\$291.50	91-120
Wells Fargo Financial Leasing	10/30/2009	6745277684	93	\$298.03	91-120
				\$17,968.92	91-120 Total
City of Zachary	11/6/2009	02-00760402	86	\$9.81	61-90
				\$9.81	61-90 Total
Banc Of America Leasing	12/21/2009	011311429	41	\$343.00	31-60
Securian Retirement Services	1/1/2010	01012010/0331201	30	\$571.00	31-60
				\$914.00	3160 Total
U.S. Trustee	1/7/2010	01072010	24	\$6,500.00	1-30
				\$6,500.00	1-30 Total
				\$98,140.79	Grand Total

Prevalence Health, LLC
Accrued Expenses - Month End Accruals
January 2010

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	211,919.00
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>231,038.00</u>
Balance per GL	<u>231,038.00</u>
Difference	<u> </u>

FORM 2-E
Page 2 of 3
1/08

3/17/2010

**Prevalence Health, LLC
Accounts Receivable Summary
January 31, 2010**

<u>Receivable from:</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>	<u>Total</u>
Insurance (Medicaid) Patients (Co-Pay)	-	\$ -	\$ 13	\$ 836	\$ 286,723	\$ 287,572
Total Accounts Rec	-	-	13	836	497,664	498,513
Estimated Reserve	-	-	0	42	354,303	354,345
Insurance Patients	0.25% 25.0%	0.25% 50.0%	2.0% 100.0%	5.0% 100.0%	50.0% 100.0%	
AR per ScriptMed Deposits in NetSuite not ScriptMed Not in Amount Due SafeMeds Difference in MS Medicaid Rec Vs Posted	\$ 498,513 \$ (6,151) \$ (40,779)					
Adjusted AR per ScriptMed	451,583					
AR per GL	451,583					
Difference	-					

Reconciliations\201

Anal\vis.xls

Prepared by: _____

Reviewed by: _____

Prevalence Health
AR Aging - 1213112009

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	262.00					262.00
American Prog Part D- FL	1,479.00					1,479.00
Community Care Part D- FL	2,123.00					2,123.00
Community Care Part D- LA	2,563.00					2,563.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,976.00					1,976.00
Humana Part D- FL	4,075.00					4,075.00
Humana Part D- LA	581.00					581.00
Illinois Medicaid	10,027.00					10,027.00
Indiana Medicaid	928.00					928.00
Louisiana Medicaid	47,499.00			13.00	836.00	46,650.00
MS Blue Cross LA/MS	675.00					675.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,802.00					1,802.00
Member Health Part D- FL	1,844.00					1,844.00
Member Health Part D- LA	3,013.00					3,013.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	257.00					257.00
Mississippi Medicaid	19,401.00					19,401.00
Mississippi Med Supplies	66,601.00					66,601.00
NDC Part D- LA	32.00					32.00
Omnisys Medicare- IL	32,345.00					32,345.00
Pacificare Part D-FL	2,525.00					2,525.00
Pacificare Part D- LA	1,605.00					1,605.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,307.00					1,307.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,825.00					4,825.00
Unicare Part D- LA	139.00					139.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,368.00					3,368.00
Wellcare Part D- LA	541.00					541.00
Total	288,421.00		-	13.00	836.00	287,572.00

CASE NAME: Prevalence alth CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Jan 1 to Jan 31, 20 10

INSURANCE SCHEDULE

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation	<u>(X)</u>			
General Liability	<u>Arch Specialty Ins</u>	<u>3,000,000 Agg</u> <u>1,000,000 Occ</u>	<u>3/1/10</u>	<u>Yes</u>
Property (Fire, Theft)	<u>(X)</u>			
Vehicle	<u>(X)</u>			
Other (list):				
<u>D&O</u>	<u>Darwin National</u>	<u>3,000,000</u>	<u>3/1/10</u>	<u>Yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

(X) These policies were cancelled as of the date of the sale of the assets due to Prevalence no longer having employees or property.

CASE NAME: _____ CASE NUMBER: _____

NARRATIVE STATEMENT

For Period _____ to _____, 20____

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Prevalence Health, LLC
Reconciliation Summary - 1001 Regions
As of 1/31/2010

ID	Balance
Reconciled	
Cleared Deposits and Other Credits	515,954.27
Cleared Checks and Payments	(501,172.21)
Total - Reconciled	14,782.06
Last Reconciled Statement Balance - 12/31/2009	744,888.16
Current Reconciled Balance	759,670.22
Reconcile Statement Balance - 1/31/2010	759,670.22
Difference	0.00
Unreconciled	
Uncleared	
Checks and Payments	(11,152.44)
Total - Uncleared	(11,152.44)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 1/31/2010	750,095.42

7527
7500.43



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



0004642701 AV 0.335 001
PREVALENCE HEALTH LLC
PO BOX 12648
JACKSONMS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 1
1 of 4

COMMERCIAL ANALYZED CHECKING
January 1, 2010 through January 29, 2010

SUMMARY

Beginning Balance	\$744,888.16		Minimum Balance	\$669,824
Deposits & Credits	\$508,505.41	+		
Withdrawals	\$486,056.44	-		
Fees	\$218.05	-		
Automatic Transfers	\$0.00	+		
Checks	\$7,448.86	-		
Ending Balance	\$759,670.22			

DEPOSITS & CREDITS

01/04	State of Ill Commercial 0006Prevalence Ah5794889000618	13,072.49
01/04	Merchant Service Merch Dep Health Allianc 8003547554	39.53
01/05	Deposit - Thank You	45,175.74
01/05	Memberhealth Cln Payment Tedsmeds.Recei 2226802	19,627.14
01/05	Memberhealth Cln Payment Tedsmeds.Recei 2224870	3,452.25
01/05	Merchant Service Merch Dep Health Allianc 8003547554	73.17
01/06	Deposit - Thank You	617.34
01/06	Deposit - Thank You	188.05
01/07	Regions Bank Acct Trans MS364174656 Ccooley	32,303.26
01/07	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100102	810.23
01/07	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698100102	50.82
01/07	Merchant Service Merch Dep Health Allianc 8003547554	50.10
01/08	Memberhealth Cln Payment Tedsmeds.Recei 2235455	14,958.19
01/08	Memberhealth Cln Payment Tedsmeds.Recei 2233607	1,212.62
01/11	State of Ill Commercial 0006Prevalence Ah5893057004057	7,982.40
01/11	Merchant Service Merch Dep Health Allianc 8003547554	74.40
01/12	Deposit - Thank You	66,420.04
01/12	Deposit - Thank You	993.25
01/12	Merchant Service Merch Dep Health Allianc 8003547554	266.46
01/13	Merchant Service Merch Dep Health Allianc 8003547554	654.40
01/14	Regions Bank Acct Trans MS364174656 Ccooley	24,855.16
01/14	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100109	3,511.86
01/14	Merchant Service Merch Dep Health Allianc 8003547554	584.06
01/14	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698100109	6.81
01/15	Deposit - Thank You	36,202.49
01/15	Deposit - Thank You	530.09
01/15	Memberhealth Cln Payment Tedsmeds.Recei 2243698	14,995.57
01/15	Merchant Service Merch Dep Health Allianc 8003547554	112.00
01/19	State of Ill Commercial 0006Prevalence Ah5983251001694	12,526.90
01/19	Merchant Service Merch Dep Health Allianc 8003547554	11.76
01/20	Deposit - Thank You	60,820.36
01/20	Deposit - Thank You	287.00
01/20	Merchant Service Merch Dep Health Allianc 8003547554	600.00
01/20	State of Ill Commercial 0006Prevalence Ah6047952014091	289.55



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSDN MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 1
2 of 4

DEPOSITS & CREDITS (CONTINUED)

01/20	Merchant Service Merch Dep Health Allianc	8003547554	180.30
01/21	Regions Bank Acct Trans	MS364174656 Ccooley	15,649.22
01/21	Acs MS Title Xix Sysgen-EFT PrevalenceHea	00440949100116	4,399.94
01/21	Merchant Service Merch Dep Health Allianc	8003547554	806.61
01/21	Acs MS Title Xix Sysgen-EFT PrevalenceHea	00330698100116	0.75
01/22	Memberhealth Cln Payment Tedsmeds.Recei	2252053	15,147.13
01/22	Merchant Service Merch Dep Health Allianc	8003547554	72.80
01/25	State of Ill Commercial	0006Prevalence Ah6072746001968	10,888.61
01/26	Deposit - Thank You		66,438.58
01/27	Merchant Service Merch Dep Health Allianc	8003547554	75.00
01/27	State of Ill Commercial	0006Prevalence Ah6105218002442	4.80
01/28	Deposit - Thank You		113.70
01/28	Regions Bank Acct Trans	MS364174656 Ccooley	7,680.25
01/28	Acs MS Title Xix Sysgen-EFT PrevalenceHea	00440949100123	2,774.84
01/29	Deposit - Thank You		12,472.83
01/29	Deposit - Thank You		542.47
01/29	Memberhealth Cln Payment Tedsmeds.Recei	2260410	7,934.09
Total Deposits & Credits			\$508,505.41

WITHDRAWALS

01/04	Regions Bank Acct Trans	MS364174656 Ccooley	40,615.95
01/04	Pitney Bowes Postage PrevalenceHea	42906255	200.00
01/05	Merchant Service Merch Fee Health Allianc	8003547554	233.57
01/07	Regions Bank Acct Trans	MS364174656 Ccooley	50,934.28
01/08	Regions Bank Acct Trans	MS364174656 Ccooley	27,621.34
01/11	Regions Bank Acct Trans	MS364174656 Ccooley	29,019.32
01/15	Regions Bank Acct Trans	MS364174656 Ccooley	207,560.39
01/19	Pay Systems Ccd Oper PrevalenceHea	6207	200.00
01/20	Pitney Bowes Postage PrevalenceHea	42906255	200.00
01/21	Pitney Bowes Postedge Bonnie Savoie	37968013	1,000.00
01/22	IL Tax Payment Idor Debit PrevalenceHea	10Sif000064862	300.00
01/25	Rtrn Depstd ltm # of ltm(S)	0001	30.00
01/25	Regions Bank Acct Trans	MS364174656 Ccooley	102,730.92
01/26	Regions Bank Acct Trans	MS364174656 Ccooley	25,210.67
01/29	Pitney Bowes Postage PrevalenceHea	42906255	200.00
Total Withdrawals			\$486,056.44

FEES

01/11	Analysis Charge	12-09	218.05
-------	-----------------	-------	--------



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 1
3 of 4

CHECKS

<u>Date</u>	<u>Check No.</u>	<u>Amount</u>	<u>Date</u>	<u>Check No.</u>	<u>Amount</u>
01/12	61428	7,448.86			

DAILY BALANCE SUMMARY

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
01/04	717,139.23	01/13	796,586.67	01/25	687,044.33
01/05	785,233.96	01/14	825,544.56	01/26	728,272.24
01/06	786,039.35	01/15	669,824.32	01/27	728,352.04
01/07	768,332.48	01/19	682,162.98	01/28	738,920.83
01/08	756,881.95	01/20	744,140.19	01/29	759,670.22
01/11	735,701.38	01/21	763,996.71		
01/12	795,932.27	01/22	778,916.64		

You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00037486 01 A V 0.335 001
PREVALENCE HEALTH LLC
4270 I 55 N STE 102
JACKSON MS 39211-6394



1

ACCOUNT # 0121078971

Cycle 001
Enclosures 26
Page 0
1 of 1

BUSINESS MONEY MARKET
January 1, 2010 through January 29, 2010

SUMMARY

Beginning Balance	\$934,529.48	Minimum Balance	\$934,529
Deposits & Credits	\$0.00 +	Average Balance	\$934,529
Net Interest Earned	\$873.73 +	Annual Percentage Yield Earned	1.18%
Withdrawals	\$0.00 -	Interest This Period	\$873.73
Fees	\$0.00 -	Average Collected Balance	\$934,529.48
Automatic Transfers	\$0.00 +	2009 YTD Interest	\$381.45
Checks	\$0.00 -		
Ending Balance	\$935,403.21		

INTEREST

01/29	Interest Payment	873.73
-------	------------------	--------

DAILY BALANCE SUMMARY

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
01/29	935,403.21				

**You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.**

For all your banking needs, please call 1-800-REGIONS(734-4667) .
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00037455 01 AV 0.335 001
PREVALENCE HEALTH LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE NO#09-02016-EE
4270 I 55 N STE 102
JACKSON MS 39211-6394



ACCOUNT # 0101894579

Cycle 001
Enclosures 26
Page 0
1 of 1

COMMERCIAL ANALYZED CHECKING

January 1, 2010 through January 29, 2010

SUMMARY

Beginning Balance	\$98.93		Minimum Balance	\$78
Deposits & Credits	\$0.00	+		
Withdrawals	\$0.00	-		
Fees	\$20.80	-		
Automatic Transfers	\$0.00	+		
Checks	\$0.00	-		
Ending Balance	\$78.13			

FEES

01/11	Analysis Charge	12-09	20.80
-------	-----------------	-------	-------

DAILY BALANCE SUMMARY

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
01/11	78.13				

**You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.**

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!